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NEEDS FOR CHINA CLIENT COUNSELING AS EXPRESSED
BY A SELECTED GROUP OF ARMY INFANTRY NURSES

By

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STUDY TO DETERMINE NEEDS FOR GUIDANCE AND
COUNSELLING AS EXPRESSED BY A SELECTED
GROUP OF ARMY HEALTH NURSES

Elizabeth A. Pagels, Captain, ANC, 1955

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This dissertation was conducted under the direction of Margery C. Drake as Major Professor, and was approved by Lucille C. Corcoran as Reader.

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To
Mary Immaculate

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CHAPTER I

INTRODUCTION

The Problem

This study was conducted for the purpose of determining the number and kinds of needs for guidance and counseling which a selected group of Army health nurses might express. It was expected that these needs would be related to the responsibilities which these nurses have for developing a public health nursing program and in solving problems relating to specific health services in a military community. This expression by these Army health nurses on the job should be helpful to those who have indicated their interest in developing some further public health nursing consultant service within the framework of the Army Medical Corps.

As with all new programs, the course of Army health nursing has not always been smooth. Many of the military personnel have lacked a knowledge and an understanding of the program because of inadequate orientation to the duties of the Army health nurse and the purpose of the program.

There have been few in administrative positions who have had public health nursing experience from whom the Army health nurse could seek guidance and counseling pertaining to the public health nursing aspect of her job. The Army health nurse has had to seek guidance and counseling from civilian public health authorities. This has not always been satisfactory as the civilian public health nurse in a position to be able to offer the kind of help needed is seldom familiar with military procedures. The need to provide for

guidance and counseling for the Army health nurse has been recognized by members of the Army Medical Corps and the Army Nurse Corps and has been discussed at study panels pertaining to the preventive medicine program and the health nursing program. A recruitment and training report submitted by a committee on the Army health nursing program stated:

Career patterns for Army Health Nurses should be developed and delineated. The establishment of a classification of Army Health Nurse Consultant should be seriously considered with the objective of using Army Health Nurse Consultants at Army and national levels to provide coordination of Army Health Nursing programs.¹

The need for supervision in this new program was given recognition by a former chief nurse of the Fifth Army in her discussion of the Army health nursing program when she stated: "Army health programs can snowball, however, if they are not properly supervised."² Recently four Army health nurses reporting on certain aspects of the program at a chief nurses' conference expressed the need for consultant service as a means of solving some of their problems and improving the service.³

The History and the Development of Army Health Nursing

Prior to World War II, the number of military dependents living on military installations and in nearby communities was relatively small. Since the end of World War II, this situation has been reversed and the increase of military dependents has been primarily

¹"Study Panel of Army Preventive Medicine," Walter Reed Army Medical Center, Washington, D. C., 1953. (Mimeographed.)

²Edith A. Aynes, "The Army Area Chief Nurse," Nursing Outlook, 11 (March, 1954), 139.

³Beulah Martin et al., "Interpretation of the Army Health Nursing Service," A Panel Discussion at the Chief Nurses' Conference, The Department of the Army, Washington, D. C., March, 1955, pp. 11-15. (Mimeographed.)

among the young wives and children. With the increase of dependents, it became evident that the lack of a complete health service, including community nursing service, was a problem for the Army Medical Corps. The lack of health service for his family was detrimental to the morale and the efficiency of the soldier. Also, many of the soldiers were in their late teens and subject to the communicable diseases of childhood. The difficulty of supervising the health of these young soldiers was increased greatly by the fact that many were living with families who were without the health guidance usually offered this segment of the population in the civilian communities. For this reason it was decided to select military nurses who were qualified public health nurses to assist the Army Medical Corps with the preventive medicine program.^{1,2}

The first program of Army health nursing was organized at Fort Devens, Massachusetts, in February, 1949. The expansion of the program was slow during the Korean conflict, but at the present time it is functioning at many of the major military installations in the United States and in other countries where the American Army is located. The expansion of the functions of the Army health nurse, as well as the expansion of the program was discussed at a recent meeting of military surgeons. General Armstrong, the former Surgeon General of the Army, in his discussion of the Army health nursing program, stated:

The scope of the health program is such that it extends even beyond the soldier, for medical care and hospitalization are frequently available to his dependents as well. Already operating at a number of posts, Army health nursing

¹James P. Pappas, "The Role of the Visiting Nurse on a Military Post," The Bulletin of the United States Army Medical Department, IX (July, 1949), 563-565.

²Dorothy M. Zeller, "Recent Advances in Military Nursing," Military Surgeon, CXIV (February, 1954), 124-126.

programs and school health programs furnish his dependents with services similar to those available in many civilian communities. Perhaps the major benefit derived from these programs result from their health educating effect upon the individual.¹

Army health nursing is public health nursing applied to a military installation. The job the Army health nurse has to do is essentially the same as that of the community public health nurse but the setting in a military community is somewhat unique. Pearl Parvin Coulter defines public health nursing as:

. . . that portion of the total public health program expressed in the services of the nurse. She exercises professional judgment and makes use of scientific and technical skills, as well as of her personality, within the structure of her various team relationships. Her specific duties, activities, and responsibilities are, of necessity, determined by the setting.²

The Committee on Functions of Public Health Nursing of the National Organization for Public Health Nursing outlined the responsibilities of the public health nurse under three major headings, namely:

(1) Nursing care and health guidance to individuals and families--at home, school, work, and at medical and health centers, (2) Collaboration with other professions and citizen groups in studying, planning, and putting into action the community health program, (3) Participation in educational programs for nurses, allied professional workers, and community groups.³

An educator in the field of public health nursing discusses these responsibilities as being inherent in the work of every public health

¹George E. Armstrong, "The Role of the Army Medical Service in the Maintenance of National Health," Paper read at the Sixty-first Annual Meeting of the Association of Military Surgeons, Washington, D. C., November 29, 1954. (Mimeographed.)

²Pearl Parvin Coulter, The Nurse in the Public Health Program (New York: O. P. Putnam's Sons, 1954), p. 23.

³The Subcommittee on Functions of the National Organization for Public Health Nursing Committee on Nursing Administration, "Public Health Nursing Responsibilities in a Community Health Program," Public Health Nursing, XLI (February, 1949), 67-69.

nurse whether she is working in a department of health, visiting nurse service, industrial plant, or hospital clinic.¹

On June 27, 1950, the responsibilities of the Army health nurse became a part of Army Regulations.² In addition to the responsibilities specified in this regulation, the Army health nurse is the link between the various services of the hospital on the installation and the military dependents. She maintains liaison with the chiefs of obstetrics, gynecology, pediatrics, psychiatry, medicine, surgery, orthopedics, the eye-ear-nose-throat clinic and the out-patient department. She works with a medical corps officer who is responsible for the preventive medicine program and who is a qualified public health doctor. In collaboration with the preventive medicine officer she is expected to develop a community nursing program to meet the needs of the military community to which she is assigned.

The Army health nurse is required to meet the accepted qualifications for a public health staff nurse before she is given an MOS-3431 (Military Occupational Specialty). The Army health nurse, therefore, possesses one or more of the following qualifications:

- (1) A minimum of two years' experience under qualified nursing supervision in a public health nursing agency in which family health work is emphasized;
- (2) One year program of study in a university offering a course in public health nursing, with an additional six months' supervised experience in a public health nursing agency;
- (3) Graduate from a university school giving a degree in nursing with the program approved by the National Organization for Public Health

¹Ruth B. Freeman, Public Health Nursing Practice (Philadelphia: W. B. Saunders Company, 1950), p. 33.

²See Appendix A.

Nursing and the National League of Nursing Education; (4) A baccalaureate degree with a major in public health nursing.¹ These qualifications and functions which were published in 1936 were the latest available when Army Regulations 40-50 were formulated.²

Definition of Terms

Since the setting of this study is a military one and the data were contributed by members of the Armed Forces, several of the terms used are peculiar to that setting. To clarify their meaning for the reader they are defined:

An installation refers to a tract of land which is the property of the United States Army.

The preventive medicine program is a program which has been established to conserve the health and the physical fitness of the personnel of the military installations. Surveys are conducted and unusual prevalence of disease and injury is investigated. The medical corps officer, in charge of the program, recommends a course of action for improving health and supervises an adequate program of preventive medicine including personal hygiene, communicable disease control, environmental sanitation and nutrition.³

The purpose of this study is to determine the guidance and counseling needs relating to the work of the participating Army health nurses.

From extensive reading in the fields of public health nursing and education, the investigator formulated the following concepts of these two functions of supervision for the purposes of this study:

Guidance: To provide capable professional leadership to which the nurse may turn for assistance with the solution of her

¹Education Committee of the National Organization for Public Health Nursing and the American Public Health Association, "Minimum Qualifications for Those Appointed to Positions in Public Health Nursing," Public Health Nursing, XVIII (March, 1936), 172-175.

²See Appendix A.

³"Commissioned and Warrant Officer Personnel, Military Occupational Specialties," Special Regulations 605-105-3 (Washington: The Department of the Army, March, 1954), p. 87.

service problems.

Counseling: To afford the nurse an opportunity for a relationship through which she may discover and use her talents and achieve her fullest individual development.

Survey of Related Literature

In the survey of related studies one study was found which related to the Army Health Nurse although not specifically to guidance and counseling. However, one of the recommendations of this study was: "That a program of supervision be afforded nurses in this program by a competent, qualified consultant Health nurse in the Surgeon General's office and/or a supervisor Health nurse available within each Army Area."¹ Another study briefly reported in The American Journal of Nursing pertaining to supervision of school-nurse teachers summarized the findings as, "High rate of agreement on value of qualified nurse supervision."²

In the professional literature of social work, education and nursing many statements were found which emphasized the importance of guidance and counseling from skilled members of the profession for the personal professional growth of the staff worker and the im-

¹Elizabeth L. Breitung et al., "A Study of the Utilization of the Army Health Nurse by Installations Conducting an Army Health Service" (Unpublished thesis submitted to the Faculty of the Medical Field Service School, Brooke Army Medical Center, Fort Sam Houston, Texas, 1952), p. 44.

²Mildred R. Breckenridge, "Study of the Desirability of the Services of Supervising School Nurse-Teachers on a Local Level in New York" (A summary of a master's dissertation), The American Journal of Nursing, LI (April, 1951), 279.

provement of the service.^{1,2,3,4,5,6}

In the past few years there has been great emphasis on guidance and counseling as a function of supervision in the field of social work. The case worker, under the capable leadership of her supervisor, is expected to be better prepared to help the families with whom she is working.^{7,8}

In the field of education, it is felt that guidance and counseling promote the opportunity for individuals to make choices which will lead to further development. Principals of our schools have learned that if teachers are given direction by a capable leader they will learn many ways of solving their problem and if the teacher feels she has solved her own problem she will grow pro-

¹Pearl R. Shalit, "Supervisor as Counselor," Public Health Nursing, XLI (March, 1949), 130-133.

²Virginia P. Robinson, The Dynamics of Supervision under Functional Controls (Philadelphia: The University of Pennsylvania Press, 1949), pp. 29-46.

³A. S. Barr, William Burton, and Leo J. Broeckner, Supervision (New York: Appleton-Century-Crofts, Inc., 1947), pp. 20-54.

⁴Ruth B. Freeman, Techniques of Supervision in Public Health Nursing (Philadelphia: W. B. Saunders Company, 1950), p. 446.

⁵Clara Blanche Rue, The Public Health Nurse in the Community (Philadelphia: W. B. Saunders Company, 1945), p. 260.

⁶Pearl Parvin Coulter, The Nurse in the Public Health Program (New York: G. P. Putnam's Sons, 1954), p. 268.

⁷Frances I. Levinson, "Psychological Components of Supervision in a Family Agency," Social Casework, XXXI (June, 1950), 237-245.

⁸Norma D. Levine, "Educational Components of Supervision in a Family Agency," Social Casework, XXXI (June, 1950), 245-250.

professionally.^{1,2}

¹Kimball Wiles, Supervision for Better Schools (New York: Prentice-Hall, Inc., 1952), pp. 120-125.

²Fred C. Ayer, Fundamentals of Instructional Supervision (New York: Harper and Brothers, 1954), pp. 1-50.

CHAPTER II

THE METHOD, SCOPE AND LIMITATIONS

To make possible the collection of the data for this study the Officers of the Assignment Section, Personnel Division, Office of The Surgeon General compiled the list of the thirty Army nurses who were actively engaged in Army health nursing in the United States as of April 6, 1955. This selected group of Army health nurses supplied the data through questionnaires, one of the accepted techniques in the normative survey method of research.¹ The questionnaire² was formulated and constructed after reviewing Ruth Freeman's discussion and elaboration of the report of the Committee on Functions of Public Health Nursing of the National Organization for Public Health Nursing³ and also Army Regulations 40-50.⁴ Seven major problem areas were suggested by this review, namely: (1) Administrative Responsibilities and Policies, (2) Interpreting and Coordinating Activities, (3) Nursing in Family Health Care, (4) Personal Growth and the Development of the Service, (5) Health Programs for the School Age Child, (6) Communicable Disease, (7) Special Services. All of the questions could be answered with a check mark. However, since it was felt that the nurses should have the opportunity to express themselves, if they desired, space was provided for additional comments.

¹Carter V. Good and Douglas E. Scates, Methods of Research (New York: Appleton-Century-Crofts, Inc., 1954), pp. 604-634.

²See Appendix C.

³Ruth B. Freeman, Public Health Nursing Practices (Philadelphia: W. B. Saunders Company, 1950), pp. 30-330.

⁴See Appendix A.

The questionnaire was sent to the thirty Army health nurses who were members of the Army Nurse Corps with a covering letter explaining the purpose of the study.¹ Twenty-six days following the date the questionnaire was sent out, a follow-up letter and another questionnaire were sent to those who had not yet responded, calling to their attention the contribution they would be making to the study and that its return would be appreciated. Twenty-seven or 90 per cent of the questionnaires were returned. Of the twenty-seven questionnaires returned, one was not checked. This was not included in the analysis of the data. The number analyzed was twenty-six or 86.6 per cent.

In contacting these thirty Army health nurses, nineteen states and the District of Columbia were covered. This range extends west to Fort Ord, California; east to Fort Devens, Massachusetts; north to Fort Sheridan, Illinois; and south to Fort McPherson, Georgia. This study did not attempt to reach nurses on overseas assignments.

This study is limited to the needs for guidance and counseling as expressed by a selected group of Army health nurses. It did not attempt to study other functions of supervision. Neither did it attempt to study the way in which the Army health nurses meet their needs for guidance and counseling.

¹See Appendix B.

CHAPTER III

THE CLASSIFICATION AND ANALYSIS OF THE DATA

It was the purpose of this study to determine the number and the kind of needs for guidance and counseling which a selected group of Army health nurses might express. Of the thirty questionnaires mailed to the nurses, twenty-seven were returned. One questionnaire was eliminated because of inadequate data. The remaining twenty-six questionnaires supplied the data used in this study and comprise 86.6 per cent of the nurses in the selected sample.

The data were classified and analyzed in the seven major problem areas, namely: (1) Administrative Responsibilities and Policies, (2) Personal Professional Growth and Development of the Service, (3) Interpreting and Coordinating Activities, (4) The Health Program for the School Age Child, (5) Nursing in Family Health Care, (6) Communicable Disease, (7) Special Services. The responses within each problem area were then studied to determine the nurses' needs for guidance and counseling in relation to specific problems.

The data which were secured on the questionnaires revealed 498 needs for guidance and counseling in the seven problem areas. Table 1 lists these problem areas with the number and the per cent of responses based on the number of questions and the number of possible answers in each area. The twenty-six Army health nurses who participated in this study expressed a need for guidance and counseling in at least 25 per cent of the specific problems included in each area. One problem area, namely, The Health Program for the School Age Child, did not apply to all installations.

TABLE 1.--The number and the per cent of responses based on the number of questions and the number of possible answers in each problem area

Problem Areas	Number of Questions	Number of Possible Answers	Yes		No		Not Applicable		Did not Answer	
			Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Personal Professional growth and the development of the service	5	130	85	65.4	34	26.2	9	6.9	2	1.5
Interpreting and coordinating activities	6	156	82	52.7	63	40.3	10	6.4	1	.6
Administrative Responsibilities and Policies	13	338	141	41.7	167	49.4	30	8.9
Nursing in Family Health Care	6	156	51	32.8	90	57.7	14	8.9	1	.6
Communicable Disease	6	156	48	30.7	78	50.0	30	19.3
Special Services	4	104	31	29.9	42	40.3	30	28.9	1	.9
Health Program for the school age child	9	234	60	25.6	111	47.4	63	27.0	11	...

The largest per cent of affirmative answers, 65.4 per cent, was in the area of Personal Professional Growth and Development of the Service. This represented 85 out of 130 possible answers. The second largest per cent of affirmative answers, 52.7 per cent, was in the area of Interpreting and Coordinating Activities. This represented 82 out of 156 possible answers. The third largest per cent of affirmative answers, 41.7 per cent, was in the area of Administrative Responsibilities and Policies. This represented 141 out of 338 possible answers. Each one of the specific problems, outlined in these seven areas, received an affirmative answer by at least one nurse.

There were 85 needs for guidance and counseling in the area of Personal Professional Growth and the Development of the Service, as shown in Table 2. Sixty-eight per cent of the expressed needs in this problem area were almost evenly distributed among the first three specific problems, namely: long range program planning, opportunities for keeping abreast of present trends in public health and its nursing aspects, evaluation and review of achievements and progress.

There were 82 needs for guidance and counseling in the area of Interpreting and Coordinating Activities and these were related to six specific problems. Table 3 lists these specific problems with the number and the per cent of responses. The largest number of needs, 21 or 25.7 per cent, was related to organization of group health activities on the post. The second largest number of needs, 16 or 19.6 per cent, was related to membership on health councils. The third largest number of needs, 14, or 17.0 per cent, pertained to systematic exchange of information with the medical staff.

TABLE 2.--The number and the per cent of needs expressed for guidance and counseling by Army health nurses in relation to personal professional growth and the development of the service

Specific Problems	Expressed Needs	
	Number	Per Cent
Long range program planning	20	23.5
Opportunities for keeping abreast of present trends in public health and its nursing aspects	19	22.5
Evaluation and review of achievements and progress	19	22.5
Adaptation of the principles and techniques of public health and its nursing aspects	16	18.8
Orientation and inservice education of additional professional personnel . .	11	12.7
Total	85	100.0

The comments which the nurses added also related to these first three problems as well. They are:

1. Meetings should be held from time to time of all Army health nurses, so that we may see what is being done in other areas in the public health field and where new trends and problems can be discussed.
2. One of the problems is developing methods of evaluating the results of our service. Standardization of records for this purpose would be desirable.
3. Army-wide health programs with activities outlined more specifically could help as a guide.
4. The continuity of the Army health nursing program suffers greatly in the interim between the transfer of one nurse and the assignment of another.
5. A newsletter or bulletin from an Army health nurse in Washington to keep us posted on the activities of other Army health nurses would provide added ideas and stimulation and would be very interesting.

TABLE 3.--The number and the per cent of needs expressed for guidance and counseling by Army health nurses in relation to interpreting and coordinating activities

Specific Problems	Expressed Needs	
	Number	Per Cent
Organization of group health activities on the post	21	25.7
Membership on health councils	16	19.6
Systematic exchange of information with the medical staff	14	17.0
Contacts with agencies or individuals to interpret the program	11	13.4
Establishing and maintaining satisfactory referrals	11	13.4
Systematic exchange of information with agencies	9	10.9
Total	82	100.0

The nurses' comments relating to this problem area brought out additional needs peculiar to the installations represented:

1. A policy governing a systematic exchange of information and a standardized referral system and records for the entire Army health program would provide greater continuity of service between military installations and county health departments.

2. Much guidance and counseling is felt to be needed in determining where and how the health nurse can assist and give proper interpretation to the doctors of her services.

3. Effective referral systems from various departments of the hospital are important and are often dropped when no Army health nurse is available for follow-up service.

One hundred and forty-one needs for guidance and counseling were in the area of Administrative Responsibilities and Policies and were related to thirteen specific problems. Table 4 lists these special problems with the number and per cent of responses. The largest number of needs, 30 or 21.4 per cent, related to the organization of records for effective use and writing service reports. The

third largest number of needs, 13 or 9.2 per cent, pertained to environmental health and safety hazards.

TABLE 4.--The number and the per cent of needs expressed for guidance and counseling by Army health nurses in relation to administrative responsibilities and policies

Specific Problems	Expressed Needs	
	Number	Per Cent
Organization of records for effective use	15	10.7
Writing service reports	15	10.7
Environmental health and safety hazards	13	9.2
Obtaining necessary equipment and supplies	12	8.5
Medical approval for standing orders	12	8.5
Understanding military procedures	12	8.5
An appropriate uniform	12	8.5
Transferring information with the patient to other Army posts or to civilian agencies	11	7.8
Maintaining an effective location for the record file	9	6.4
Security of confidential material	9	6.4
The assignment of a non-professional assistant for duties other than nursing functions	9	6.4
Maintaining a permanent office	7	4.9
Training and supervising volunteer workers	5	3.5
Total	141	100.0

Many of the comments made by the nurses relating to this problem area also referred to records and writing reports. Examples were:

1. We need a set policy about in-service reports; the number of copies and the chain of command that these reports are to go through.
2. There is a great need for the development of some standardization of forms and reports.
3. A standard monthly report form to be used by all Army health nurses at all installations would be a good step forward.

There were 51 needs for guidance and counseling in the area of Nursing in Family Health Care and these were related to six specific problems. Table 5 lists these problems with the number and the per cent of needs expressed. The largest number of needs, 16 or 31.4 per cent related to guidance of the family in management of emotional problems. The second and third largest number of needs, 9 or 17.7 per cent pertained to assisting the family in planning to meet its own health needs through the use of the Army health service and/or civilian agencies and guidance of the family in recognition of its own health needs.

TABLE 5.--The number and the per cent of needs expressed for guidance and counseling by Army health nurses in relation to nursing in family health care

Specific Problems	Expressed Needs	
	Number	Per Cent
Guidance of the family in the management of emotional problems	16	31.4
Assisting the family in planning to meet its own health needs through the use of the Army health service and/or civilian agencies.	9	17.7
Guidance of the family in recognition of its own health needs.	9	17.7
Interpreting to the physician, psychological and social factors which may influence the family health problem	7	13.7
Explanation and clarification of instructions given by the doctors.	6	11.7
The provision of nursing care and instruction in the home when necessary. . .	4	7.8
Total.	51	100.0

Some of the nurses' comments relating to this problem area were:

1. Child guidance clinics should be established on all

installations for the Army families' emotional problems.

2. On this installation all health programs are planned by the installation surgeon and are carried out under his direction.

3. Difficult to provide nursing care in the home and maintain good technique without a nurse's bag adequately equipped.

There were 48 needs for guidance and counseling in the area of Communicable Disease and these were related to 6 specific problems. Table 6 lists these problems with the number and per cent of responses. The largest number of needs, 11 or 22.9 per cent, was related to epidemiological studies. The second largest number of needs, 10 or 20.9 per cent, was related to assisting in the prevention and the control by case finding and reporting. The third largest number of needs, 9 or 18.8 per cent, pertained to precautionary measures for the home.

TABLE 6.--The number and the per cent of needs expressed for guidance and counseling by Army health nurses in relation to communicable disease

Specific Problems	Expressed Needs	
	Number	Per Cent
Epidemiological studies	11	22.9
Assisting in the prevention and the control by case finding and reporting . .	10	20.9
Precautionary measures for the home	9	18.8
Tuberculosis patients and contacts.	7	14.5
Venereal disease patients and contacts. . .	6	12.5
Communicable disease regulations of the state and local community	5	10.4
Total	48	100.0

Examples of nurses' comments relating to this problem area were:

1. The Army health nurse has no contact with this group of patients. They were treated at the outpatient clinic, never referred to her, and if follow-up work is done, it is the responsibility of the outpatient clinic personnel.

2. Army directives concerning communicable disease do not always conform to local policy. Which should take precedence?

There were 31 needs for guidance and counseling in the area of Special Services relating to 4 specific problems. A number of the nurses indicated that there were no special programs for which they had the responsibility. Table 7 lists the problems relating to special services with the number and per cent of responses. The largest number of needs, 13 or 41.9 per cent, was related to the day nursery. The second largest number of needs, 8 or 25.9 per cent, pertained to home visits to civil service employees.

TABLE 7.--The number and the per cent of needs expressed for guidance and counseling by Army health nurses in relation to special services

Specific Problems	Expressed Needs	
	Number	Per Cent
Day Nursery	13	41.9
Home visits to civil service employees. .	8	25.9
The premature infants	6	19.3
Food handlers	4	12.9
Total	31	100.0

The nurses' comments relating to this problem area were:

1. What are the requirements for routine health examinations for civil service employees?

2. How soon can a baby leave the hospital and what kind of guide can the nurse use for number of visits necessary to be sure the infant is getting along well when time and distance would not allow daily or every other day visits.

There were 60 needs for guidance and counseling in the area of The Health Program for the School Age Child relating to 9 specific problems. This is one of the Army health nursing services which would not be represented on all installations. The specific problems relating to this area are listed in Table 8 with the number and per cent of responses. The largest number of needs, 13 or 21.6 per cent, was related to the child with special problems. The second largest number of needs, 9 or 15.3 per cent, was related to participation in the health instruction program. The third largest number of needs, 7 or 11.6 per cent pertained to the dental survey.

TABLE 8.--The number and the per cent of needs expressed for guidance and counseling by Army health nurses in relation to the health program for the school age child

Specific Problems	Expressed Needs	
	Number	Per Cent
The child with special problems	13	21.6
Participation in the health instruction program	9	15.3
The dental survey	7	11.6
A school health council	7	11.6
Health appraisal.	6	10.0
Parent-Teacher Association.	6	10.0
The immunizations	5	8.3
Nurse-teacher conferences	4	6.6
Provision for emergency care of illness and injury.	3	5.0
Total.	60	100.0

Examples of the nurses' comments relating to this problem area were:

1. Our service gives hundreds of pre-school physicals. I could use guidance in evaluation of our effectiveness and efficient follow-up procedures.

2. I am interested in a health program for the pre-

school child 2 years to 5 years. We have more accidents in this age group.

3. This particular installation has 75 per cent of its families living off of the installation and there is no school on the installation. The children are under the care and supervision of the county health nurse but it seems as though their program should include that of the Army health nurse as long as the schools enroll Army children. Assistance or guidance in working this problem is deemed necessary.

4. Pertaining to immunizations in schools, we are concerned with what policies should be followed, those of the Army or the community in which you are located.

Following this last problem area a space was provided for the nurses to add additional comments relating to their responsibilities.

Some of these comments were:

1. I believe very strongly that this program should have a coordinated plan for the administrative functions, lines of authority through preventive medicine and systematic record and file plan. I think the professional service and family health care program should be a flexible one to fill the needs of the particular installation.

2. A manual of standard operating procedures would facilitate the Army health nursing program greatly.

3. I do feel that we need public health consultants who either make regular visits to installations or would be available on request.

4. Transportation for home nursing and liaison activity.

CHAPTER IV

SUMMARY AND CONCLUSIONS

The purpose of this study was to determine the number and the kinds of needs for guidance and counseling which a selected group of Army health nurses might express relating to the development of an Army health nursing program and in solving problems relating to specific services in a military community. To this end questionnaires were sent to the thirty Army health nurses who were members of the Army Nurse Corps at the time the data were collected. Twenty-six or 86.6 per cent of the questionnaires sent out were returned. The responses were analyzed under seven major areas, namely: (1) Administrative Responsibilities and Policies, (2) Personal Professional Growth and Development of the Service, (3) Interpreting and Coordinating Activities, (4) The Health Program for the School Age Child, (5) Nursing in Family Health Care, (6) Communicable Disease, (7) Special Services.

There were needs for guidance and counseling in each of the seven major areas and relating to each of the specific problems in the areas. The area of Personal Professional Growth and the Development of the Service had the largest per cent, 65.4, of a possible 130 affirmative answers. The expressed needs for guidance and counseling relating to specific problems in this problem area ranged from 20 in long range program planning to 11 in orientation and in-service education of additional professional personnel.

In the problem area of Interpreting and Coordinating Activities the per cent of affirmative answers was 52.7 and ranged

from 21 in the organization of group health activities on the post, to 9 in systematic exchange of information with agencies.

The third largest per cent, 41.7, of affirmative answers were in the area of Administrative Responsibilities and Policies. The expressed needs for guidance and counseling in this problem area ranged from 15 in the organization of records for effective use and in writing service reports to 5 in training and supervising volunteer workers.

Nursing in Family Health Care was the problem area with the fourth largest percentage, 32.6, of affirmative answers. The expressed needs for guidance and counseling relating to the specific problems in this area ranged from 16 pertaining to guidance of the family in the management of emotional problems to 4 in the provision for nursing care and instruction in the home when necessary.

In the problem area of Communicable Disease the percentage of affirmative responses was 30.7. The expressed needs in this area ranged from 11 pertaining to epidemiological studies to 5 relating to communicable disease regulations of the state and local community.

The area of Special Services had 29.9 per cent affirmative answers. The needs expressed in this area ranged from 13 pertaining to the day nursery to 4 relating to food handlers.

In the problem area of the Health Program for the School Age Child there were 25.6 per cent affirmative answers. The expressed needs for guidance and counseling related to problems ranging from 13 pertaining to the child with special problems to 3 in providing for emergency care of illness and injury.

Conclusions

The results of this questionnaire study indicate that a need exists among the twenty-six Army health nurses who responded for the

guidance and counseling; usually offered by organized program of supervision. This leadership has been proposed by both medical and nurse corps officers interested in the preventive medicine program and will soon be implemented by the creation of a position of consultant in public health nursing in the Office of the Surgeon General of the Army. The findings of this study represent expressions by 66.6 per cent of the Army health nurses participating in health programs in the United States at the time the study was made and should serve to further justify such planning.

These twenty-six nurses expressed their greatest need in the areas of their own professional growth and the development of the public health nursing service in the military setting. Traditionally these needs of first line workers in nursing have been met by planned orientation and continuous in-service education and by personal contact with a supervisor or consultant who is a specialist in the field of service which she is giving.

Certain other findings closely related to the development of the service should point to other areas of activity on the part of a consultant in public health nursing which will be helpful to the group. For example, the need for the standardization of records and reports was mentioned many times. The development of a nursing manual containing policies relating to the service could be an important aid to the Army health nurse in interpreting and coordinating her service both with other military personnel and with civilian community agencies.

APPENDIX A

MEDICAL SERVICE
ARMY HEALTH NURSING SERVICE

	Paragraph
General - - - - -	1
Responsibility - - - - -	2
Administration - - - - -	3
Qualifications - - - - -	4
Records - - - - -	5

1. General.-In order to provide an inclusive medical service to individuals authorized medical care, the commanding officer of an installation may, whenever he deems such action advisable, establish a health nursing service composed of Army nurses qualified in the field of public health. Personnel assigned to this service will perform, under the direction of a medical officer, those duties necessary to assist in maintaining the highest level of individual health within the command. An Army nurse so assigned will not replace or in any way substitute for a medical officer but will augment the various medical services within a military installation. Together with the post surgeon, she will establish and maintain liaison with local health authorities.

2. Responsibility.-Army nurses assigned to the health service will be responsible to the post surgeon of the installation to which they are assigned for the following:

- a. Assisting in the prevention and control of communicable disease by case finding and reporting.
- b. Instructing in family health.
- c. Instructing in health care, including environmental sanitary control and prevention and control of infection and communicable disease.
- d. Teaching the principles of prenatal and maternal hygiene and instructing in the care of newborn by group instruction and home demonstration.
- e. Supervising child health, including immunization, home visits, school health programs in designated installations, group instruction, nurse-teacher-parent conferences, assistance in "Well-Baby-Clinics," and physical examinations.
- f. Explaining and clarifying instructions given by medical officers.
- g. Case finding and assisting persons in need of medical service in arranging for proper treatment.
- h. Assisting in obtaining help for physical, emotional, economic, and vocational problems affecting family health by referral to appropriate military personnel and/or welfare agencies.
- i. Giving authorized treatment and medication when directed by the post surgeon.
- j. Maintaining a follow-up service for convalescent patients designated by a medical officer.

3. Administration.-Nurses assigned to the health service will be included in the authorized strength of the installations to which they are assigned and will work under the supervision of the post surgeon. Where warranted they will be utilized on a full-time basis and will not be required to perform duty in addition to that specified in paragraph 2. Commanding officers will provide health service nurses with adequate facilities necessary for the successful accomplishment of their responsibility. No specific allowances of equipment will be authorized by the Department of the Army for this service.

4. Qualifications.-To be qualified for assignment to the health service, a nurse should possess one or more of the following requirements:

- a. A minimum of 2 years' experience under qualified nursing supervision in a public health nursing agency in which family health work is emphasized.
- b. One year's program of study in a university offering a course in public health nursing, with an additional 6 months' supervised experience in a public health nursing agency.
- c. Graduate from a university school giving a degree in nursing with a program approved by the National Organization of Public Health Nursing and the National League of Nursing Education.
- d. A baccalaureate degree with a major in public health nursing.

5. Records.-Army nurses assigned to the Army health nursing service will be responsible for maintaining appropriate records relating to their activities.

(AG 701 (12 Jun 50))

BY ORDER OF THE SECRETARY OF THE ARMY:

OFFICIAL:

EDWARD F. WITSELL
Major General, USA
The Adjutant General

J. LAWTON COLLINS

Chief of Staff, United States Army

DISTRIBUTION:

C

A true copy

ATTENTION B

Apartment 109
3725 12th Street, N.E.
Washington 17, D. C.
April 13, 1955.

Dear

As partial fulfillment of the degree of Master of Science in Public Health Nursing at the Catholic University of America, I am doing a research study entitled "Guidance and Counseling Needs as Related to Army Health Nurses' Responsibilities". I would appreciate your cooperation by answering the enclosed form.

As an Army health nurse this is of great interest to me. Several Army nurses have remarked that the study will be of value, not only to Army health nurses, but to all nurses, and may bring to light some of our needs.

The form is being mailed to all Army health nurses in the United States. The source of the information will not be revealed in the study. The form is in duplicate so you may have one for your file. If you desire a summary of the findings I will be happy to forward it to you upon completion.

Will you kindly return the form to me in the enclosed stamped, self-addressed envelope on or about the 28th of April, 1955.

Thanking you for your cooperation, I am,

Sincerely

Elizabeth A. Pagels, Captain
Army Nurse Corps

APPENDIX C

GUIDANCE AND COUNSELING NEEDS AS RELATED TO
ARMY HEALTH NURSES RESPONSIBILITIES

To obtain information for the study I am asking you to read and weigh each question carefully before answering it.

Please answer by checking one of the following

Yes ___
No ___
Not applicable ___

"Not applicable" applies to the functions that are not included in your health program.

- A. Do you have a need for guidance and counseling in relation to administrative responsibilities and policies pertaining to:
1. Obtaining necessary equipment and supplies?

Yes ___
No ___
Not applicable ___
 2. Medical approval for standing orders?

Yes ___
No ___
Not applicable ___
 3. Understanding military procedures?

Yes ___
No ___
Not applicable ___
 4. An appropriate uniform?

Yes ___
No ___
Not applicable ___
 5. Maintaining a permanent office?

Yes ___
No ___
Not applicable ___
 6. Environmental health and safety hazards?

Yes ___
No ___
Not applicable ___
 7. Maintaining an effective location for the record file?

Yes ___
No ___
Not applicable ___
 8. Organization of records for effective use?

Yes ___
No ___
Not applicable ___
 9. Writing service reports?

Yes ___
No ___
Not applicable ___

10. Security of confidential material? Yes ___
No ___
Not applicable ___

11. The assignment of a non-professional assistant for duties other than nursing functions? Yes ___
No ___
Not applicable ___

12. Training and supervising volunteer workers? Yes ___
No ___
Not applicable ___

13. Transferring information with the patient to other Army posts or to civilian agencies? Yes ___
No ___
Not applicable ___

14. Other needs relating to administrative responsibilities and policies?

B. Do you have a need for guidance and counseling in relation to interpreting and coordinating activities pertaining to:

1. Systematic exchange of information with agencies? Yes ___
No ___
Not applicable ___

2. Systematic exchange of information with the medical staff? Yes ___
No ___
Not applicable ___

3. Establishing and maintaining satisfactory referrals? Yes ___
No ___
Not applicable ___

4. Membership on health councils? Yes ___
No ___
Not applicable ___

5. Organization of group health activities on the post? Yes ___
No ___
Not applicable ___

6. Contacts with agencies or individuals to interpret the program? Yes ___
No ___
Not applicable ___

7. Other needs relating to interpreting and coordinating activities?

C. Do you have a need for guidance and counseling in relation to nursing in family health care pertaining to:

1. Explanation and clarification of instructions given by doctors? Yes ___
No ___
Not applicable ___

2. Interpreting to the physician, psychological and social factors which may influence the family health problem? Yes ___
No ___
Not applicable ___

3. Guidance of the family in recognition of its own health needs? Yes ___
No ___
Not applicable ___

4. The provision of nursing care and instruction in the home when necessary? Yes ___
No ___
Not applicable ___

5. Assisting the family in planning to meet its own health needs through the use of the Army health service and/or civilian agencies? Yes ___
No ___
Not applicable ___

6. Guidance of the family in management of emotional problems? Yes ___
No ___
Not applicable ___

7. Other needs relating to nursing in family health care? _____

D. Do you have a need for guidance and counseling in relation to personal professional growth and the development of the service pertaining to:

1. Long range program planning? Yes ___
No ___
Not applicable ___

2. Evaluation and review of achievements and progress? Yes ___
No ___
Not applicable ___
3. Adaptation of the principles and techniques of public health nursing to the Army health service? Yes ___
No ___
Not applicable ___
4. Opportunities for keeping abreast of present trends in public health and its nursing aspects? Yes ___
No ___
Not applicable ___
5. Orientation and in-service education of additional professional personnel? Yes ___
No ___
Not applicable ___
6. Other needs relating to personal professional growth and the development of the service?

E. Do you have a need for guidance and counseling in relation to the health program for the school age child pertaining to:

1. Participation in the health instruction program? Yes ___
No ___
Not applicable ___
2. Provision for emergency care of illness and injury? Yes ___
No ___
Not applicable ___
3. A school health council? Yes ___
No ___
Not applicable ___
4. The immunizations? Yes ___
No ___
Not applicable ___
5. Health appraisal? Yes ___
No ___
Not applicable ___
6. The dental survey? Yes ___
No ___
Not applicable ___

7. The child with special problems? Yes ___
No ___
Not applicable ___

8. Nurse-teacher conferences? Yes ___
No ___
Not applicable ___

9. Parent-Teacher Association? Yes ___
No ___
Not applicable ___

10. Other needs relating to the health program for the school age child?

F. Do you have a need for guidance and counseling in relation to communicable disease pertaining to:

1. Assisting in the prevention and the control by case finding and reporting? Yes ___
No ___
Not applicable ___

2. Epidemiological studies? Yes ___
No ___
Not applicable ___

3. Venereal disease patients and contacts? Yes ___
No ___
Not applicable ___

4. Tuberculosis patients and contacts? Yes ___
No ___
Not applicable ___

5. Precautionary measures for the home? Yes ___
No ___
Not applicable ___

6. Communicable disease regulations of state and local community? Yes ___
No ___
Not applicable ___

7. Other needs relating to communicable disease? _____

G. Do you have a need for guidance and counseling in relation to special services, such as:

1. Day nursery? Yes ___
No ___
Not applicable ___

2. Home visits to civil service employees? Yes ___
No ___
Not applicable ___

3. The premature infants? Yes ___
No ___
Not applicable ___

4. Food handlers? Yes ___
No ___
Not applicable ___

5. Other needs relating to special services? _____

H. Do you have a need for guidance and counseling in relation to any responsibilities not included in this form, which you would like to report?

Yes ___
No ___

I. Do you desire a summary of the findings of this study?

Yes ___
No ___

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